

Work Order ID 61111

Friday, August 06, 2010 12:37:23 PM



Page 1

Item ID: D205-634-011

Accept



Setup Start



Revision ID:

Stop



Item Name: Skidtube

Start Date: 8/6/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 8/20/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals:

Process Plan:

Handwritten signature

Date: 10-8-06 Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start



Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

IIN D205-634

Rev F

100

0.00



DC

Document Control

Memo

0.00

Photocopy bluefile & type labels per PPP D205-634-011
CHG 007

Siolorlio

PL 10-8-06

110

Pick Kit

0.00



Packaging

Memo

0.00

Packaging

Handwritten signature

120

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

Siolorlio

(Handwritten mark)

B61421

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 61111

Friday, August 06, 2010 12:37:23 PM



Page 2

Item ID: D205-634-011

Accept



Setup Start



Revision ID:

Item Name: Skidtube

Stop



Start Date: 8/6/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 8/20/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start



Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
	Packaging								
Packaging	Memo Identify and pack for shipping as per PPP D205-634-011 Location: _____ PPP rev: _____	0.00							
140	QC21- Final Inspection - Work Order Release	0.00							
	QC								
Quality Control	Memo	0.00							

MP
10-9-20

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

Friday, August 06, 2010 12:37:27 PM

Page 1

Work Order ID: 61111

Parent Item: D205-634-011

Parent Item Name: Skidtube



Start Date: 8/6/2010

Required Date: 8/20/2010

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:P 02.08.28 Removed QC5 from Step 5 KJ
 IPP Rev:Q 08-08-12 now @ chg 006 (DSI 9417) DD verified by:
 IPP Rev R 09.01.28 now chg 007 DSI9417 revB EC verified by:

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D205-634-041 		Manufactured	No			110	Each	0.0000	1	1			
Replacement Skidtube										61421		10/1/05	
K10003 		Manufactured	No			110	Each	3.0000	1	1			
Saddle, D205-634-011										60507		10/1/05	
										61421			
				<u>Location</u>			<u>Loc Qty</u>			<u>Loc Code</u>			
				PKG			3						
				57963			0						
				59669			3						

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries